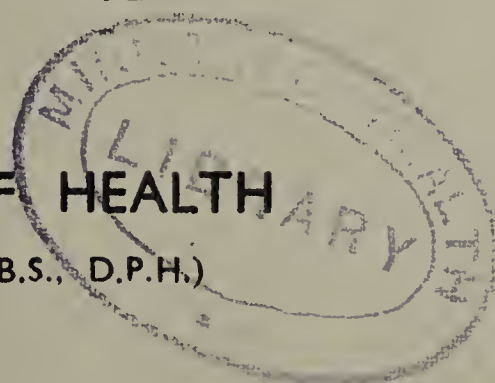


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RURAL DISTRICT OF ST. FAITH'S
AND AYLSHAM

THE
Annual Report

OF THE
MEDICAL OFFICER OF HEALTH
(IRENE B. M. GREEN, M.D., B.S., D.P.H.)



TOGETHER WITH THE
REPORT OF THE
SENIOR SANITARY INSPECTOR
(H. S. HAWKINS, A.M.I.S.E., C.R.S.I.)

1955

STAFF

Medical Officer of Health:

IRENE B. M. GREEN, M.D., B.S., D.P.H.

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H. S. HAWKINS, A.M.I.S.E., C.R.S.I.

Deputy Senior Sanitary Inspector :

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P. J. CHAPMAN (from 20.6.55)

E. F. PUMMELL (to 31.5.55)

Assistant Surveyor :

D. BRADSHAW, A.M.I.S.E., M.R.SAN.I. (from 2.5.55)

Temporary Technical Assistant :

W. G. CHASTNEY, A.I.B.E.

THE ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(IRENE B. M. GREEN, M.D., B.S., D.P.H.)

FOR THE

Rural District of St. Faith's and Aylsham

NORFOLK

for the Year ending 31st December, 1955

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year ending December 31st, 1955.

The estimated mid-year population was 39,180, an increase of 1,557 since 1954.

WEATHER CONDITIONS

The beginning of the year was very cold with snow and frost and, apart from two short spells of mild weather, these wintry conditions continued till the end of March, the coldest 3rd month ever recorded since 1924.

The spring started with a mild and dry April but May and June were both cold and wet, though slightly redeemed by more than average total sunshine.

Real Summer began in early July and went on till far into September with the minimum of rain. The weather was very hot indeed with temperatures of 84 degrees and 85 degrees and well above the average amount of sun.

October was very wet with a record heavy rainfall, 1.78 inches of rain falling in one 24-hour period.

The year ended with dry, warm and sunny weather, November and December being pleasant months with the minimum of ground frost.

1955 was a year of violent contrasts. A bitter winter, a raw cold spring, a brilliant summer, a short deluge and an unseasonably dry autumn completed a record twelve months.

VITAL STATISTICS

There were 572 deaths and 539 live births registered during the year, which is 5 less deaths and 27 less births than in 1954. There were 3 stillbirths and 12 deaths of infants under one year.

The birth rate has fallen slightly from 14.72 in 1954 to 13.76 in 1955 and the crude death rate from 14.74 to 14.6. The infant mortality rate has risen to 22.27 after the abnormally low figure of 15.9 in 1954 but it is still below the national figure of 24.9.

After adjustment for age and sex the local birth rate becomes 14.86 which is just below the rate for England and Wales (15.0). The death rate similarly adjusted becomes 13.14 compared with 11.7 for the whole country.

The fact that 36.7 per cent of all deaths in the district occurred in hospitals to which patients are frequently admitted in the course of their terminal illness explains why the local adjusted death rate still remains higher than the average. This district is being debited with deaths which would have appeared in the statistics of other districts if the patients had died in their own homes.

There were only 15 deaths between the ages of 1 and 40 compared with 36 in 1954; 2 of these were of school age and were due to a road accident and congenital heart disease respectively.

The following table gives the causes of death of these younger persons:—

Violence (Road 2, Flying 2, Other 2)	...	...	6
Infectious disease (Poliomyelitis)	...	...	1
Cardiovascular disease	...	...	3
Diseases of the Nervous System	...	...	2
Malignant Disease	...	...	2
Kidney Disease	...	...	1
			—
			15
			—

There were 12 infant deaths and of these all but one occurred in the first week of life, while 8 of them did not survive the first day. The most striking feature of these infants is that there were two multiple births, twins and triplets respectively, all premature. The survival rate in these cases is always lower than average and although 12 infants died, only 9 pregnancies were involved.

Causes of infant deaths were as under:—

Preventable—Infection (Broncho-pneumonia)	...	2
Obstetrical—Birth injury	...	2
Inevitable—Prematurity	...	8
		—
Total	...	12
		—

Only one infant death occurred over the age of 1 week and that was a case of broncho-pneumonia at the age of 9 months.

Premature babies have always had a slender hold on life but modern methods of resuscitation and skilled treatment from birth have greatly increased their chance of survival. In 1955, 39 infants were registered as

having been born prematurely but only 8 of these, including the aforementioned twins and triplets, did not survive the first month, which is a very satisfactory record.

There was only one death from pulmonary tuberculosis, which creates a record for the district, and the fatal case of poliomyelitis was the only death from other infectious diseases.

Malignant disease, including cancer, accounted for 103 deaths compared with 100 in 1954 and in 22 cases the site was the lung (14 in 1954). Lung cancer is much more common in males and in 1955 there was only one female death from this cause in the district.

Most modern experts consider that cancer of the lung is a largely preventable disease and is very frequently associated with many years of heavy smoking. It is interesting therefore to review the ages at which deaths from cancer of the lung and those at all other sites have occurred during the working life of the males of the district:—

Age Groups	⁴⁰⁻⁵⁰ 4-50	50-60	60-65	Total
Cancer of the Lung ...	4	4	7	15
All other sites ...	3	7	2	12

It will be seen that 15 men have had their working lives cut short, some of them by many years, by this largely preventable disease. Every effort should therefore be made to discourage young people from acquiring this expensive, unnecessary and dangerous habit, which, when once formed, is so very difficult to cure. In industrial areas other factors such as petrol fumes and atmospheric pollution, have been cited as causes but it would be difficult to indict either of these under the living and working conditions of the population of this district. With the pure, clean air of Norfolk it is sad to learn that lungs are being damaged deliberately for no useful purpose whatsoever.

Heart and circulatory disease was the commonest cause of death with 58 deaths from coronary thrombosis as compared with 49 in 1954.

50.93 per cent of deaths occurred over the age of 75, and 16.96 per cent over the age of 85. 3 deaths occurred over the age of 95, at 97, 98 and 103 years respectively.

INFECTIOUS DISEASE

There were 264 cases of infectious disease notified during the year, compared with 1,198 in 1954. The difference between the two figures was mainly due to the absence of large epidemics of whooping cough and measles in 1955. The general incidence of other infectious diseases was only slightly greater than in 1954, being 169 compared with 142, and this was more than accounted for by the large increase in dysentery (107 cases).

Scarlet Fever

Only 20 cases of scarlet fever were notified compared with 72 in 1954. The majority of cases (14) were school children mainly in the first 4 years of school life. No complications were reported, there were no deaths and only one case was admitted to hospital for treatment.

Measles

As stated above, 1955 was not a year in which measles was prevalent, only 54 cases being notified. About two-thirds of these cases were school children, mainly in early school life. No serious complications were reported although 9 cases were under the age of 2, and 2 cases had to be admitted to hospital. There were no deaths.

Whooping Cough

As with measles, no major epidemic of whooping cough occurred during the year, only 41 cases being notified, compared with 304 in 1954. Half of them were under school age and 11 of these were under 2. No complications were reported and no cases were admitted to hospital. There were no deaths.

It is not yet possible to assess exactly what effect vaccination is having upon the incidence or severity of whooping cough. Protective treatment is not sufficiently widely given amongst the susceptible age groups to demonstrate its efficiency in figures. Reports from individual cases, however, do suggest that the vaccinated child has a less severe illness and shorter convalescence and that the resultant serious lung damage, so often seen in older people, is much less common than it used to be.

Although no one could claim that we are as well armed against whooping cough as we are against diphtheria, it is well worth while for parents to seek the protection we can offer their children, which should be given at about the age of 6 months.

Diphtheria

No case of diphtheria was notified during the year. What a wonderful statement this would have been 15 years ago! Now we should be horrified to report a single case, however mild.

With continued support for protective inoculation of all children in their first year and subsequent boosting doses given during school life, there is no reason why this dangerous disease should ever again be recorded in an Annual Report.

Poliomyelitis

There were 4 cases of poliomyelitis notified during the year compared with none in 1954 or 1953. There appeared to be no connection whatever between the cases, which occurred in January, April, September and November, in the parishes of Rackheath, Hellesdon, Sprowston, Foulsham, in that order. There was one death. Three were adult males aged 24, 27 and 37 respectively and one was a girl of 6 attending school.

The first case occurred at Rackheath early in January. It was a single man of 24, whose attack was of the non-paralytic type. He was treated in hospital and made a complete recovery. It was impossible to discover how this infection had been acquired.

The second case was a school child of 6 at Hellesdon who took ill in April with a mildly paralytic attack. She was treated in hospital and

recovered completely. No contact with any previously known case was ever discovered.

The third case, was a married man of 37 at Sprowston who had a moderately severe paralytic attack in September and was treated in hospital. He made a reasonably good recovery but had a very prolonged convalescence and although now doing full time work, reports that he still has some disability. Again no contact with any known case was discovered.

The fourth and last case was a man of 27 at Foulsham who had a severe fulminant attack and died in hospital 11 days after onset. He was a frequent visitor to Norwich but no contact with any known case could be discovered.

For some reason, not clearly understood in recent years, poliomyelitis has tended to be a more lethal and severe disease when it attacks young adults than when it affects children. This may be due to the low incidence of the disease during the childhood of persons now in their second and third decade. If so, a reliable vaccine given in infancy, with boosting doses during school life, could ensure that, in future, school leavers start their working life with a reasonable chance of avoiding the more devastating results of this disease. Reports from other countries suggest that vaccination gives protection against the paralytic form rather than against the infection itself which, when shorn of its risk of permanent disablement, can be no more serious than an average attack of influenza.

Enteric Group of Infections

No case of typhoid or paratyphoid was notified.

Dysentery

In 1955, dysentery was exceptionally prevalent in Norfolk and in the Country as a whole. Indeed the national figure of notifications reached a new record level.

This district shared in this increased incidence and 107 cases were notified during the year.

The cases fell into separate groups. The first group of 36 occurred in the first 4 months of the year and were distributed thus:—

Hainford	...	10 cases	affecting 4 households
Coltishall	...	8 „	„ 2 „
Hellesdon	...	4 „	„ 2 „
Rackheath	...	4 „	} „ 1 household in each parish
Felthorpe	...	3 „	
Drayton	...	1 case	
Swannington	...	4 cases	
Wroxham	...	2 „	

The next outbreak was at Old Catton School in May. Following a report from the Head Teacher of many children absent with suspicious symptoms, a complete survey was made of the School. Specimens were taken from every pupil and member of teaching and canteen staff.

As a result of this survey 22 children out of 166 were found to be positive and, when the home contacts of these were followed up, a further 7 cases were discovered. Altogether 17 households were affected and 2

of the positive home contacts of school age were pupils at Sprowston Modern Secondary School.

All cases were referred to their family doctors for treatment and all but 2 households were clear of infection by the end of June. These two families contained 2 and 3 school children respectively. The first cleared up by the end of September but the second, in spite of every known form of treatment, continued to give 3 positive results up to the end of the year.

As it was thought undesirable to keep these 3 chronic carriers away from school indefinitely, special arrangements were made with the Head Teacher in regard to their eating at home and using special closets so that they could resume school attendance. No further cases occurred at the School, so these arrangements must have been adequate.

Apart from an isolated family infection in August probably imported from outside the County, there was no more until December, when a further 41 cases were notified from the following parishes:—

Hellesdon	...	7 cases	affecting 4 households
Wroxham	...	7	„ „ 5 „
Rackheath	...	2	„ „ 2 „
Coltishall	...	4	„ „ 2 „
Horstead	...	9	„ } „ 1 household
Felthorpe	...	6	„ { „ in each parish
Morton	...	3	„ {
Salhouse	...	3	„ }

These included infections in 2 other closed communities, namely a nursing home and a small private school.

At the nursing home a mother and her newly-born baby were both found to be positive but no other cases were discovered amongst the patients or staff. A home contact of the patient was also positive, so it was assumed that this mother contracted the disease before she was admitted for her confinement.

The other outbreak was at a small private school where a full investigation of pupils and staff resulted in the discovery of 9 cases affecting 3 households and a further 4 positive home contacts of these. The cases all took ill at the end of the term and it was anticipated that all would be clear of infection before the new term began in late January, 1956.

The only comments I can make on this large amount of preventable illness is that it was not confined to any special group or groups but occurred in all sections of the population, and that the standard of toilet hygiene is much lower than it should be in some otherwise very superior households.

The work entailed in following up all these cases and collecting so many specimens has been very arduous indeed, and I should like to acknowledge with gratitude the excellent and cheerful manner in which it was tackled by the Sanitary Inspectors. The satisfactory way in which

quite large outbreaks were controlled and brought to an end was mainly due to their zeal and persistence and the whole community is greatly in their debt.

Finally I must record the good liaison which was maintained throughout the year with the Medical Officer of Health of the City of Norwich and with my colleagues in other districts. Germs are no respectors of local government boundaries and good co-operation at all levels is essential for the control of any highly-infectious disease.

Food Poisoning

Six cases of food poisoning were notified during the year, five were due to *Salmonella typhimurium* and one was due to *Salmonella enteritidis*. In following up these cases five more home contacts were discovered.

Apart from this transmission of infection within the household, none of the six cases originally notified were connected in any way. Two were young children one year old, 3 were school children and one was an elderly woman.

Fortunately, all but one of the cases cleared up quickly with treatment and in no case did the actual clinical illness last very long. One of the positive household contacts was found to be a food handler in the City of Norwich and discovery of her infection may well have prevented a widespread outbreak amongst customers at her place of employment.

Although the infected food handler with faulty toilet hygiene will always be a serious risk in any of the diarrhoeal diseases, unhygienic methods of food handling itself are nearly as dangerous. Food poisoning can be caused by germs which multiply in the food itself, if it is infected, insufficiently sterilised by cooking and kept in a warm place for too long.

To prevent the disease therefore, the following points should be borne in mind:—

Food, specially meat and meat products, should be adequately cooked, protected from dust, flies and other contamination, and stored in a cool place, preferably a refrigerator.

FOOD HYGIENE REGULATIONS, 1955

The above Regulations cover all types of food handling and make certain practices and provisions obligatory in premises where food is handled, sold or stored. Some clauses become operative on January 1st, 1956, others not until July 1st, 1956.

It will be the responsibility of the Public Health Staff to see that the Regulations are complied with in all food premises in the district.

These new Regulations are a very welcome addition to Health legislation and if conscientiously applied should do much to raise the really deplorably low standard of food handling in this country.

TUBERCULOSIS

Mortality

There was only one death registered as being due to pulmonary tuberculosis, which is a record for the district. There were no deaths from the non-pulmonary type of the disease.

	<i>Pulmonary</i>	<i>Rate</i>	<i>Non-pulmonary</i>	<i>Rate</i>
County of Norfolk ...	24	0.06	8	0.021
St. Faith's & Aysham ...	1	0.025	—	—
England and Wales ...	5838	0.13	655	0.15

Incidence

	<i>Pulmonary</i>	<i>Rate</i>	<i>Non-pulmonary</i>	<i>Rate</i>
County of Norfolk ...	153	0.41	36	0.095
St. Faith's & Aylsham ...	19	0.485	7	0.178

There were 19 new cases of pulmonary tuberculosis notified, 12 male and 7 female, which is 3 more than in 1954. Although the incidence this year is slightly higher, the figure is still much below what it used to be even 5 years ago. It is worthy of note that 7 of the new cases were diagnosed over the ages of 35, 5 of these were males and 2 females. This follows the pattern for the rest of the country in that the older men tend to have more new, or reactivated, disease than the older women.

Non-pulmonary disease was notified in 7 cases compared with 3 last year, 3 males and 4 female, but again there were no deaths. The three males were aged 6, 33 and 51, respectively, and the disease affected cervical glands, epididymis and left shoulder in these cases. The four females were aged 7, 16, 30 and 50 and the site of the disease was notified as neck glands, spine, peritoneum and kidney. Whether this represents a real increase in the incidence of this type of disease it is difficult to say as notification tends to be rather uncertain, specially in hospital cases. It may well be that our repeated appeals to the Regional Hospital Board to ensure that every case of confirmed tuberculosis is notified promptly may at last be bearing fruit and that these figures represent the real as against the partial incidence reported in previous years.

With better control of infectious cases and the compulsory pasteurisation of milk the number of cases of this type should steadily decrease,

Treatment

The number of admissions to Sanatoria were as follows:—

				Male	Female	Total
1947	...	...	...	3	2	5
1948	...	...	...	3	3	6
1949	...	...	...	6	4	10
1950	...	...	...	9	9	18
1951	...	...	...	14	16	30
1952	...	...	...	19	23	42
1953	...	...	...	14	15	29
1954	...	...	...	13	7	20
1955	...	...	...	10	10	20
Cases in hospital at 31st						
December, 1955				7	14	21

Average length of stay in hospital was 6 months.

As there were 19 new cases and 20 admissions to hospital during the year, it would appear that sufficient beds are available in the area.

Prevention

All young susceptible contacts of a case of pulmonary tuberculosis are offered B.C.G. vaccination. In 1955, 253 such contacts were vaccinated in Norfolk.

Vaccination of School Leavers

For the second year in succession routine tuberculin testing by the Heaf method was offered to 13-year-old pupils of Hellesdon and Sprowston Modern Secondary Schools.

The results, with last year's figures for comparison, were as follows:—

			*No. eligible	No. accepted	Percentage
Hellesdon	...	1955	115	78 (68)	68 per cent
		1954	91	71 (70)	78 „ „
Sprowston	...	1955	110	54	49 „ „
		1954	72	59 (53)	82 „ „

(*No. eligible means number in age group less those who have already been dealt with as contacts of cases. Figures in accepted column in brackets represent the actual number tested less absentees on that day.)

It is disappointing to note the fall in the percentage of acceptors. At Hellesdon only 68 per cent accepted compared with 78 per cent in 1954 and at Sprowston, only 49 per cent compared with 82 per cent last year. It is very difficult to account for the declining enthusiasm for this preventive treatment as no untoward reactions were noted in 1954 and the general procedure and propaganda was identical in both years. It is to be hoped that this is only a temporary setback and that future campaigns will be much more successful.

The results of the Heaf testing of those who accepted were as follows:—

			<i>No. Tested</i>	<i>No. Positive</i>	<i>No. Negative</i>	<i>No. Vaccinated</i>
Hellesdon	...	1955	68	13 (19 per cent)	55	55
		1954	70	15 (21)	55	55
Sprowston	...	1955	54	10 (18)	44	44
		1954	53	11 (21)	42	42

Those found to be positive were not vaccinated but their households were visited and all their family contacts invited to have their chests X-rayed. This was accepted by nearly all but no infecting case was discovered by this method. Negative reactors were given B.C.G. Vaccine and re-tested after 6 weeks' interval when all were found to be positive.

The slight reduction in the number of school leavers found positive in both schools may have some significance although, with such comparatively small acceptance rates, it is dangerous to assume much. If all school leavers had been tested and less positive reactors had been found it would have suggested a reduction in the number of infectious cases in the district. It will be interesting to watch this rate over the next 5 or 10 years.

The Medical Research Council Report, recently published, gives sound evidence of the real protective effect of this vaccination and suggests that this effect may last longer than was at first believed. For the next few years at least, there will be sufficient infecting cases in the community to be a real danger to the unvaccinated negative reactor leaving school for the world of work, and also to maintain the immunity of those who have been vaccinated, thus prolonging the protective effect of the B.C.G.

Those who have the real welfare of their young people at heart should press for B.C.G. vaccination to be made universally available to school leavers and should take full advantage of any scheme which is offered to them, persuading their friends and relatives to do the same.

Diagnosis

From the point of view of case finding the most useful procedure would be the testing of all school entrants, as any found positive at the age of 5 would almost certainly have been infected by a member of their household, possibly still undiagnosed as a case of tuberculosis. Modern methods are so quick and painless that there is no difficulty with even the youngest child.

Mass Miniature Radiography Unit—Visit to Wroxham

For the second time a visit of the Mass Radiography Unit was arranged, this time to the parish of Wroxham. The Unit was operating at the Village Hall from October 10th to 14th.

Preliminary organising work was done from the Unit's headquarters in Norwich and propaganda consisted of bills and posters displayed in Wroxham and surrounding villages. A total of 726 persons attended for X-ray, 436 males and 290 females and the following conditions were discovered:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Active Cases	0	0	0
Cases requiring observation at the			
Chest Clinic	2	1	3
Inactive Post Primary Lesions ...	2	1	3
Previously diagnosed cases ...	1	1	2
Among other disease discovered were:—			
Hydatid Cyst ... ..	...	...	1
Basal Fibrosis ... ..	...	...	2
Asthma ... ..	...	...	1
Carliovascular Lesions Acquired	...	...	1

Considering the population readily accessible to the Unit the results were disappointing.

Since the Unit's visit new cases have been notified from the Wroxham district which might have been discovered at an earlier stage. The same applies to the parishes near Norwich, where the Unit was operating for several months in the earlier part of the year.

If only we could persuade the whole adult population, particularly the older men, to be X-rayed regularly, the mortality and disablement from tuberculosis and other chest disease could be very much reduced. It is to be hoped that more and more concerns will make regular Chest X-rays a condition of employment. This would be in their own interest and in that of their employees, not to mention the community at large.

General Comment

Tuberculosis comes under better control every year. It is not nearly so fatal as it used to be and modern methods of treatment offer a good chance of complete recovery to the early case and more hope of improvement for those with advanced disease.

With B.C.G. Vaccination we have an excellent protective agent for young people and those at special risk. We need a combined effort by all, including the general public, to make this deadly disease as rare as smallpox, typhoid and diphtheria.

It *can* be done and it seems only ordinary common sense to try.

GENERAL SICKNESS

There was a phenomenal and sudden rise in new claims for sickness benefit received by all local offices of the Ministry of National Insurance in the first week of January. At the Norwich Office the rates rose from 300 to 1,350 in one week.

The rise was mainly due to a widespread epidemic of respiratory disease, some of which was undoubtedly true influenza. Some cases, which were fully investigated, were found to be due to Virus B. influenza, which usually causes a milder form of the disease. The rates fell fairly steeply to just over half the maximum by the middle of February and had returned to average by the end of April.

Fortunately, unlike the graver forms of influenza and other virus diseases the respiratory infection was usually mild in type, the illness shortlived and convalescence rapid.

A smaller number of cases of pneumonia were notified than would have been expected in such a large epidemic and, except in the very elderly, none were fatal.

For the remainder of the year the sickness figures showed only minor fluctuations with a slight rise towards the later autumn.

FOOD AND DRUGS ACTS, 1938 to 1950

Milk and Dairies Regulations, 1949

During the year, reports were received in respect of two milk herds infected with tuberculosis, one at Kerdistone and the other at St. Faith's.

As all milk was already being pasteurised it was not necessary to impose restrictions on either herd.

In one herd, 2 infected cows were found and slaughtered and in the other a single infected animal was similarly discovered and dealt with. Subsequent bulk samples from both herds proved to be negative.

The following table shows the number of positive bulk samples discovered during routine sampling in the last 5 years.

				<i>No. of herds found to be infected</i>
1955	...	...	...	2
1954	...	...	...	3
1953	...	...	...	3
1952	...	...	...	1
1951	...	...	...	2

The Milk (Special Designation) (Specified Areas) Order, 1955

The above Order was made on February 28th, 1955, and came into operation on March 21st, 1955.

St. Faith's and Aylsham Rural District was one of those included in the specified Area No. 3 which also comprises:—

The County Boroughs of Great Yarmouth and Norwich.

The Borough of Beccles

The Urban Districts of Bungay, Diss, North Walsham and Wymondham.

The Rural Districts of Blofield and Flegg, Depwade, Forehoe and Henstead, Loddon and Smallburgh.

The Order makes compulsory the use of special designations for retail sales of milk. In effect, from 21st March, 1955, milk can only be sold retail if it falls into one of the following categories:—

- (1) Pasteurised.
- (2) Sterilised.
- (3) Tuberculin Tested and bottled on farm.

In view of the number of herds found to be infected, and ascertainment cannot be assumed to be complete, it is a matter for great satisfaction that this district has been included in a specified area under the Order.

Anthrax Order, 1938

There were 3 confirmed cases of Anthrax during the year, 2 beasts and 1 pig, while in 2 suspected cases in pigs the disease was not confirmed.

The following table shows the incidence over the last 4 years:—

	1955	1954	1953	1952
Cattle	2	—	—	8
Pigs	1	—	1	1

In one of the confirmed cases, considerable anxiety was caused because the diagnosis had not been suspected and the infected carcase had been removed to a knacker's yard. It was examined there by a Veterinary Inspector who suspected Anthrax, and this was afterwards confirmed. All those who had handled the carcase were warned of the danger of infection and advised to seek immediate medical attention if symptoms arose. Fortunately, there were no untoward results.

It cannot be too often stressed that, when an animal is found unexpectedly dead, Anthrax should always be suspected. The carcase should be screened off and not handled until a veterinary surgeon has examined it and either confirmed the disease or otherwise.

HOUSING

<i>Waiting List</i>					1955	1954	1953
Applications at 31st December					562	677	965
<i>Analysis of Waiting List</i>							
Size of {	Families with 2 or less children				513	616	863
Family {	Families with 3 or more children				49	61	102
Type of {	Agricultural workers				101	116	160
Family {	Others				461	561	805
<i>Local Authority Houses</i>							
Position at 31st December:							
Pre-war					564	564	564
Post-war					1032	966	882
					<hr/>	<hr/>	<hr/>
Total ...					1596	1530	1446
					<hr/>	<hr/>	<hr/>
<i>Total Houses Completed during the year:—</i>							
Local Authority Dwellings					66	84	60
Private Dwellings					353	283	250
<i>Ex-Government Camps:—</i>							
No. of families occupying these Camps at							
31st December					14	35	77
Total number of applicants housed in Camps							
from waiting list during the year ...					—	—	2

There was a further reduction of 115 in the number of applicants on the waiting list for Council houses, the figure being 562 at the end of the year compared with 677 in 1954. The Council completed 66 new houses and 353 were erected by private enterprise during the year, the figure for 1954 being 84 and 283 respectively.

Only 49 of the larger families with 3 or more children were still waiting for Council houses and only 101 of the total were classed as agricultural workers.

Ex-Government Camps

The number of hutments still occupied at the end of the year was reduced to 14 and, of the families living in these, half were waiting to be re-housed by the City of Norwich. It was confidently anticipated that the remainder would be moved early in 1956.

This form of housing was never intended to be more than very temporary and these structures had certainly outlived their usefulness before they were finally emptied and demolished.

In retrospect it is difficult to see what alternative could have been found for the many hundreds of families who were enabled to live as self-contained units in these relics of the war.

In spite of dampness from condensation and cold from inadequate insulation, many healthy children have been born and reared in these hutments. There is little proof that their occupation caused much damage to the health of the occupants and the emotional well-being from living in a home of their own has in most cases greatly outweighed any such disadvantage.

Improvement of Older Houses

This year 41 property owners were given improvement grants compared with 18 in 1954. These grants are an excellent feature of recent housing legislation and it is to be hoped that each year more people will take this chance of bringing their houses up to modern standards.

Far too many houses are still without the amenities of bathroom, water closet, inside water taps and drainage. Indeed not all Council houses are yet so equipped though modernisation of pre-war houses is being systematically carried out. The day should not be far distant when a dwelling will be considered unfit for human habitation unless these modern conveniences have been installed.

Slum Clearance

Slum clearance is dealt with in detail in the report of the Senior Sanitary Inspector.

I am glad to report that a real beginning has been made with the problem of unfit houses, 53 being dealt with during the year. The high standard of internal maintenance of much of the really bad property is

quite remarkable and reflects great credit on the occupants. Often spotless cleanliness is found in houses where conveniences like running water and drainage are non-existent and the actual fabric of the walls and roof are perished beyond repair.

Indeed, I have been struck by the much higher general standard of living in many of these old houses than in some of the modern Council property. Slum houses have certainly not created slum dwellers in all cases; and such enthusiasm for order and cleanliness, in spite of the labour involved, deserves to be rewarded by the early lightening of the load in the shape of better equipped and sounder dwellings.

WATER SUPPLY

The Ministry approved the acceptance of a tender of nearly £45,000 for Contract I of Stage I of the Western Area Water Scheme involving the provision of waterworks and plant and the laying of water mains in the Parishes of Cawston, Salle and part of Reepham. Work was to start early in 1956.

At the end of the year a tender was also before the Ministry for Contract No. 2 of Stage I of this Scheme involving the laying of water mains in Reepham and Booton and work was also expected to start early in 1956. The final contract for this Stage of the Scheme (the erection of a water tower at Salle) was expected to be let in 1956.

Authority was given by the Council for small extensions of water mains at Felthorpe and Wood Dalling (from Housing Site to School) and this work would proceed in 1956.

Byelaws made by the Council under Section 17 of the Water Act, 1945, for preventing waste, undue consumption, misuse or contamination of water supplied by the Council, came into operation on 11th May, 1955.

SEWERAGE

The Contract, amounting to £136,000 for the Sewerage Scheme for the eastern part of Sprowston was commenced on the 28th March, 1955, and by the end of the year 11,000 lineal yards of sewers had been laid, which was approximately 75 per cent of the total.

At the end of the year a tender was before the Ministry for the Reepham Sewerage Scheme and work was anticipated to commence early in 1956.

Small extensions to the sewers at Red Lion Street and Blickling Road, Aylsham, were authorised during the year.

FACTORIES ACTS, 1937 and 1948

	<i>No. on Register</i>	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
<i>Premises</i>				
(i) Factories in which Sect. 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	68	8	—	—
(ii) Factories not included in (i) in which Sect. 7 is enforced by the Local Authority ...	133	53	3	—
(iii) Other premises in which Sect. 7 is enforced by the Local Authority ...	—	—	—	—
Totals ...	201	61	3	—

Cases in which defects were found

	<i>No. of cases in which defects were found</i>			
	<i>Referred</i>		<i>To H.M. By H.M.</i>	
	<i>Found</i>	<i>Remedied</i>	<i>Inspector</i>	<i>Inspector</i>
<i>Sanitary Conveniences—</i>				
(a) Insufficient	—	—	—	—
(b) Unsuitable or defective	—	3	—	3
(c) Not separate for sexes	—	—	—	—

Outwork

<i>Nature of Work</i>	<i>No. of outworkers in August list required by Section 110</i>	<i>No. of instances of work in unwholesome premises</i>
Wearing apparel, making, etc. ...	49	—
Cosaques, Christmas crackers, Christmas stockings, etc. ...	15	—
Totals ...	64	—

SOCIAL HEALTH AND WELFARE

No new Old People's Clubs were started in 1955, but the existing 20 continued to flourish and supply a very real need among the older members of the community. The time and place of existing Clubs is given below:—

Aylsham	...	Foresters' Clubroom	...	Friday	2.30—5 p.m.
Buxton & Lamas		Village Hall (Alternate)	...	Thursday	2.30—5 p.m.
Old Catton	...	Parish Hall	...	2nd Thursday in month	2.30—5 p.m.
Cawston	...	Memorial Institute	...	Friday	2.30—4.30 p.m.
Coltishall	...	Central Hall	...	Thursday	2.30—5 p.m.
Drayton	...	Village Hall	...	Wednesday (Alternate)	3—5 p.m.
St. Faith's	...	Church Hall	...	Wednesday	3—5 p.m.
Foulsham	...	Frost Hall	...	Friday	2.30—5 p.m.
Hainford	...	Village Hall	...	Tuesday	2.30—5 p.m.
Hellesdon	...	Speedway Clubroom	...	Friday	3—5 p.m.
Horsford	...	Village Hall	...	Thursday	2.30—5 p.m.
Marsham	...	Reading Room, High St.		Tuesday	2.45—5 p.m.
Oulton	...	Village Hall	...	Thursday (Alternate)	2.30—5 p.m.
Reepham	...	Sun Hall	...	Friday	2.30—5 p.m.
Salhouse	...	Women's Institute Hut	...	Thursday (except 2nd Thursday in month)	2.30—5 p.m.
Spixworth	...	Social Hall	...	Wednesday (1st and 3rd except August)	2.30—5 p.m.
Sprowston	...	Toc H Hut, Recreation Ground Rd.		Thursday	2.30—5 p.m.
Swannington	...	The Rectory	...	Thursday	2.30—4.30 p.m.
Gt. Witchingham		The Bridge Clubroom	...	4th Thursday in month	2.30—5 p.m.
Wroxham	...	Horse Shoes Hotel	...	Tuesday (Alternate)	2.30—5 p.m.

COUNTY SERVICES

A complete list of Welfare Services and distribution points for National Welfare Foods is given overleaf:—

<i>Address from where National Welfare Foods are obtainable.</i> (Monday to Friday unless otherwise stated)			
<i>Parish</i>	<i>Where Held</i>	<i>Day.</i>	<i>Time.</i>
*Aylsham	... Ian Sears Clinic	... First Friday every month	2—4
*Buxton	... Reading Room	... Second Tuesday every month	2—4
Cawston	... Memorial Institute	... First Tuesday every month	2—4
Coltishall	... Church Room	... First Wednesday every month	2—4
Drayton	... Village Hall	... Last Monday every month	2—4
Felthorpe	...	(commencing January, 1956)	
*Foulsham	... Nurse's House	... Last Wednesday every month	2—4
*Hainford	... Parish Hall	... First Thursday every month	2—4
Hellesdon	... Speedway Clubroom	... First and third Mondays every month	2—4
*Hevingham	... St. John Ambulance Brigade H.Q.	... Third Friday every month	2—4
*Honingham	... Institute	... First Tuesday every month	2—4
*Horsham St. Faith's	... Mission Room	... Last Thursday every month	2—4

<i>Parish</i>		<i>Where Held</i>	<i>Day.</i>	<i>Time.</i>	<i>Address from where National Welfare Foods are obtainable. (Monday to Friday unless otherwise stated)</i>
*Horsham	St. Faith's ...	R.A.F. Station (attended by R.A.F. Medical Officer)	First and third Thursday every month	2—4	Mrs. Linfoot, 3, Douglas Close. (to December, 1955). Mrs. Hidden, 8, Dowding Road (from December, 1955).
Horsford	...	Parish Hall ...	Second Thursday every month	2—4	Mrs. Annison, The Stores.
*Lenwade	...	Memorial Hall ...	Second Monday every month	2—4	Mrs. Rowlands, Bridge Stores.
Marsham	...				Mrs. Hadnett, The Stores.
Rackheath	...				Mr. Gaze, nr. Post Office.
Reepham	...	Bircham Institute ...	Second Friday every month	2—4	Mrs. Hardiment, Market Place.
Salhouse	...	Village Hall ...	Last Wednesday every month	2—4	Mr. Coe, Post Office Stores.
*Spixworth	...	Social Hall ...	Third Thursday every month	2—4	Mrs. Giles, Park Road. Mr. Grapes, 102, Crostwick Lane.
Sprowston	...	St. Cuthbert's Church Hall	Every Friday	2—4	Mr. Grigg, 199, Wroxham Road. Miss Parker, Post Office.
Swannington	...				Mrs. Buck, Post Office.
Taverham	...				Messrs. Roys Ltd. Miss Woods, Bridge Stores.
Wroxham	...	Church Hall ...	First Wednesday every other month alternating with Hoveton (commencing June, 1956)	2—4	

*Denotes Centre where a Medical Officer attends only occasionally.

GENERAL WELFARE SERVICES

The County Welfare Officers continue to provide general services throughout the district.

In addition to the headquarters at the local Health Office, Aspland Road, Riverside Road, Norwich, there is the following contact point where the public can obtain advice:—

Bircham Institute, Reepham.

Wednesday afternoons, 3.30—4 p.m.

THE WIDENING HORIZONS OF PREVENTION IN CENTENARY YEAR

The year sees the end of the first century of the public health service. A hundred years ago Medical Officers of Health and Sanitary Inspectors were appointed to deal with epidemics of the major diseases, to keep the sewage out of the drinking water and to abolish the worst of the slums.

To-day, our water supply is nearly above reproach, our sewage system has adequacy in sight and the major diseases of smallpox, typhoid, cholera and typhus are now practically unknown. Although too many worn-out dwellings are still being occupied, housing has improved beyond belief.

Active work is now largely concerned with the further improvement and maintenance of existing services and with the task of rendering the young immune to diseases known to be preventable, i.e., smallpox, diphtheria and whooping cough, to which are now being added, tuberculosis, poliomyelitis and tetanus. These are no longer the major killers. Untimely death (i.e. during working life) is now more commonly due to accidents in the home or on the road, cancer of the lung and coronary thrombosis. Illness, causing loss of working time and much unhappiness, is largely due to diseases caused by faulty habits of mind and body.

The preventive services in their second century must now devote attention to the way people choose to live. They can, however, only point out the hazards of certain types of behaviour, the remedy lies with the people themselves.

For example, prolonged heavy cigarette smoking is known to increase the risk of lung cancer. Poorly lighted stairs and unguarded fires are a potent factor in home accidents, specially amongst the elderly.

Adequate fluoride in the drinking water has been proved to be essential for the formation of sound, resistant teeth (dental disease is the most widespread of all defects).

Unwashed, contaminated hands are the direct cause of thousands of cases of intestinal disease.

Anxiety, born of poor mothering out of a lack of a basic philosophy, is the root cause of at least two-thirds of all illness for which medical

advice is sought. Undoubtedly further research at community level will bring to light new preventable factors in such diseases as coronary thrombosis and peptic ulcer.

Our future problem is to find a way to put over our knowledge to the people themselves that they may realise that their health and possibly life itself may be in their own hands.

The day of active intervention by public health officers is nearly over and their new role is that of evangelists and teachers, and the success of their efforts will be mirrored in the Annual Reports of the next hundred years.

GENERAL SURVEY

The health of the district has been satisfactory during the year.

The low infant mortality rate and the single death from tuberculosis are good indices of community well-being.

Preventable infectious disease such as dysentery has been much too prevalent, reflecting the need for intensive health education of the public both in personal hygiene and in that of food handling.

The housing situation is encouraging but much slum clearance is still needed before it can be reported as wholly satisfactory.

CONCLUSION

In conclusion I should like to acknowledge the encouragement I receive from the Chairman and Members of the Public Health Committee, the ready co-operation of other officers of the Council, and the continued competent enthusiasm of the staff of the Public Health Department.

I remain,

Your obedient servant,

(Signed) IRENE B. M. GREEN,

Medical Officer of Health.

GENERAL STATISTICS.

Area (in acres)	93,005
Population (Census 1931)	25,648
Population (Census 1951)	37,623
Population (Estimated Resident 1954)	39,180
Number of structurally separate dwellings (1931)	7,660
Number of structurally separate dwellings (1955)	12,099
Rateable Value, 31st December, 1955	£130,885
Estimated Net Produce of Penny Rate	£685

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

which relate to the net births and deaths after correction for inward and outward transfer as furnished by the Registrar General:

					St. Faith's & Aylsham		England & Wales
					1955	1954	1955
<i>Total Males Females</i>							
LIVE BIRTHS							
Legitimate ...	523	252	271	} Birth rate per 1,000 of esti- mated resident population ...	13.76	14.72	15.0
Illegitimate ...	16	9	7				
Total ...	539	261	278				

STILL BIRTHS

Legitimate ...	4	1	3	} Rates per 1,000 live and still births ...	7.49	47.15	23.1
Illegitimate ...	—	—	—				
Total ...	4	1	3				

DEATHS

Total ...	572	298	274	} Crude death rate per 1,000 of the esti- mated resident population ...	14.6	14.74	11.7

Deaths from puerperal causes—Nil.

INFANT DEATHS

					<i>Total</i>	<i>Males</i>	<i>Females</i>
Legitimate ... ..	...	...	...	...	11	8	3
Illegitimate ... ..	...	...	...	...	1	1	—
					—	—	—
Totals ... ..	...	...	...	...	12	9	3
					St. Faith's & Aylsham		England & Wales
					1955	1954	1955
Infant Mortality Rate per 1,000 live births					22.27	15.9	24.9

Ages at Deaths (Infants under 1 year)

<i>Ages</i>					<i>Males</i>	<i>Females</i>	<i>Total</i>
1st day	...	...	...	...	5	3	8
1-7 days	...	...	...	...	3	—	—
1-4 weeks	...	...	...	...	—	—	—
1-3 months	...	...	...	...	—	—	—
3-6 months	...	...	...	...	—	—	—
6-9 months	...	...	...	...	—	—	—
9-12 months	...	...	...	...	1	—	1
					—	—	—
...					9	3	12
					—	—	—

The causes of death are given in the following table supplied by the Registrar-General:—

					<i>Males</i>	<i>Females</i>	<i>Total</i>
1	Tuberculosis of Respiratory System	...	...	...	—	1	1
2	Other forms of Tuberculosis	...	...	...	—	—	—
3	Syphilitic Disease	...	...	...	2	1	3
4	Diphtheria	...	...	...	—	—	—
5	Whooping Cough	...	...	...	—	—	—
6	Meningococcal Infections	...	...	...	—	—	—
7	Acute Poliomyelitis	...	...	...	1	—	1
8	Measles	...	...	...	—	—	—
9	Other Infective and Parasitic Diseases	...	...	...	1	—	1
10	Malignant Neoplasm of Stomach	...	...	...	10	8	18
11	Malignant Neoplasm of Lung or Bronchus	...	...	...	21	1	22
12	Malignant Neoplasm of Breast	...	...	...	—	11	11
13	Malignant Neoplasm of Uterus	...	...	...	—	2	2
14	Other Malignant and Lymphatic Neoplasms	...	...	...	34	16	50
15	Leukaemia and Aleukaemia	...	...	...	—	—	—
16	Diabetes	...	...	...	1	2	3
17	Vascular Lesions of Nervous System	...	...	...	39	65	104
18	Coronary Disease, Angina	...	...	...	40	18	58
19	Hypertension with Heart Disease	...	...	...	1	12	13
20	Other Heart Disease	...	...	...	53	52	105
21	Other Circulatory Disease	...	...	...	17	13	30
22	Influenza	...	...	...	—	—	—
23	Pneumonia	...	...	...	12	23	35
24	Bronchitis	...	...	...	16	5	21
25	Other Disease of Respiratory System	...	...	...	4	1	5
26	Ulcer of Stomach and Duodenum	...	...	...	5	3	8
27	Gastritis, Enteritis and Diarrhoea	...	...	...	—	1	1
28	Nephritis and Nephrosis	...	...	...	1	1	2
29	Hyperplasia of Prostate	...	...	...	4	—	4
30	Pregnancy, Childbirth, Abortion	...	...	...	—	—	—
31	Congenital Malformations	...	...	...	1	—	1

					<i>Males</i>	<i>Females</i>	<i>Total</i>
32	Other Defined and Ill-defined Disease	...	...	...	23	29	52
33	Motor Vehicle Accidents	...	...	...	5	1	6
34	All Other Accidents	...	...	...	6	7	13
35	Suicide	...	...	...	1	1	2
36	Homicide and Operations of War	...	...	...	—	—	—
All Causes					298	274	572

DEATHS BY AGE GROUPS, 1955

Age Groups	Under 1	1-5	5-15	15-30	30-40	40-50	50-65	65-75	75-85	85 and Over	Total
Totals	12	—	2	5	8	19	87	149	193	97	572

NOTIFIABLE DISEASES (other than Tuberculosis).

The incidence of notifiable disease during the year is shown in the two subjoined tables: the first table sets out the total notifications, whilst the second shows the distribution according to age.

<i>Disease</i>	<i>Total Cases</i>	<i>Admitted to Hospital</i>	<i>Notification Rate per 1,000 Population 1955</i>	<i>St. Faith's & Aylsham</i>	<i>England & Wales</i>
Scarlet Fever ...	20	1	0.51		0.73
Whooping Cough ...	41	—	1.05		1.77
Measles ...	54	2	1.38		15.54
Poliomyelitis ...	4	4	0.10		0.14
Pneumonia ...	8	4	0.20		0.62
Dysentery ...	107	—	2.73		0.82
Erysipelas ...	2	—	0.05		0.10
Infective Jaundice ...	5	—	0.13		—
Puerperal Pyrexia ...	9	1	0.23		—
Ophthalmia Neonatorum	1	—	0.03		—
Food Poisoning ...	11	—	0.28		0.28
Meningococcal Meningitis	2	1	0.05		0.02
	264	13			

<i>Disease</i>	<i>Ages</i>								<i>Total</i>
	0-2	3-4	5-9	10-14	15-24	25-44	45-64	65+	
Scarlet Fever ...	—	5	12	2	1	—	—	—	... 20
Whooping Cough	11	9	20	—	—	1	—	—	... 41
Measles ...	9	14	24	7	—	—	—	—	... 54
Poliomyelitis ...	—	—	1	—	1	2	—	—	... 4
Pneumonia ...	—	1	1	1	2	2	1	—	... 8
Dysentery ...	8	7	45	12	4	25	6	—	... 107
Erysipelas ...	—	—	—	—	—	—	2	—	... 2
Infective Jaundice	—	—	2	—	2	1	—	—	... 5
Puerperal Pyrexia	—	—	—	—	2	7	—	—	... 9
Ophthalmia									
Neonatorum	1	—	—	—	—	—	—	—	... 1
Food Poisoning ...	2	—	4	2	—	—	1	2	... 11
Meningococcal									
Meningitis	1	—	—	—	1	—	—	—	... 2
Totals ...	32	36	109	24	13	38	10	2	... 264

TUBERCULOSIS.

Particulars of the new cases of Tuberculosis, deaths from the disease, and the total number of cases in the area during 1955 are given in the following tables:—

		<i>New Cases</i>				<i>Deaths</i>			
				<i>Non-</i>				<i>Non-</i>	
		<i>Respiratory</i>		<i>Respiratory</i>		<i>Respiratory</i>		<i>Respiratory</i>	
<i>Age Periods</i>		<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
0—	...	—	—	—	—				
1—	...	1	—	—	—				
5—	...	1	1	1	1				
15—	...	2	3	—	1				
25—	...	3	1	1	1				
35—	...	2	2	—	—				
45—	...	1	—	1	1				
55—	...	1	—	—	—				
65—									
upwards	...	1	—	—	—		1		
Totals	...	12	7	3	4	—	1	—	—

<i>Type of Case</i>		<i>Males</i>	<i>Females</i>	<i>Total</i>
Respiratory	...	116	96	212
Non-Respiratory	...	21	39	60
Totals		137	135	272

Sanitary Inspector's Report

FOR THE YEAR 1955

I have the honour of presenting the following report for the year 1955.

NUMBER OF INSPECTIONS AND VISITS MADE DURING THE YEAR IN CONNECTION WITH SANITARY AND OTHER WORK

Inspections under the Public Health Acts	...	...	...	366
Revisits to ascertain progress of work	...	...	...	126
Inspections under the Housing Acts	...	...	...	3,789
Revisits to ascertain progress of work	...	...	...	413
Inspections and revisits of Moveable Dwellings	...	...	...	82
Visits to Infectious Disease Cases	...	...	...	1,527
Inspection of Dairies	...	...	...	14
Rooms disinfected	...	...	...	16
Inspections of Slaughterhouses	...	...	...	1,798
Inspection of Food Premises	...	...	...	134
Inspections of Factories	...	...	...	61
Inspections in connection with Scavenging Schemes	...	...	...	631
Visits in connection with sewer connections, sewerage and water supply	...	...	...	2,851
Samples of water taken for Analysis	...	...	...	408
Inspections under Petroleum Acts	...	...	...	39
Other visits interviewing owners, etc.	...	...	...	508
Inspections under Building Byelaws	...	...	...	3,839
Total				16,602

MEAT AND FOODS INSPECTION

There are 13 Slaughterhouses in the district and during the year 1,798 visits were made to these premises and the following meat was inspected:—

Beef	...	...	...	6,345
Pork	...	...	...	39,517
Mutton	...	...	...	2,566
Veal	...	...	...	1,393
Goats	...	...	...	10
Total				49,831

1,381

Unfortunately although considerable time, including ~~1,281~~ hours' over-time, was devoted to this work it is regretted that it proved impossible to inspect all carcasses.

As far as is known the following are the numbers of carcasses slaughtered but not inspected and constituted 37.1 per cent of the total slaughtered.

Beef	...	...	...	1,877
Pork	...	...	...	16,299
Mutton	...	...	...	2,320
Veal	...	...	...	8,828
Goats	...	...	...	3
Total				29,327

At four Slaughterhouses meat is prepared for the wholesale market for despatch to London and over a wide area in Norfolk and Suffolk, and slaughtering takes place until very late at night and during the week-end. The need to inspect all carcasses is fully appreciated and it is discouraging to find it impossible to do this owing to such a heavy concentration of slaughtering in the district. The obvious remedies are that times of slaughtering should be confined within reasonable working hours and a large increase of staff, which are difficult to implement. There are no means of controlling time of slaughter at present and apart from the cost of increased staff the trained personnel is not readily available. It is to be hoped that the measures under consideration by the Ministry to assist local authorities in this work will be adequate to ensure full efficiency in the carrying out of this important duty.

The following is a summary of the meat and other foods condemned as unfit for human consumption. The bracketed figures indicate the number affected with Tuberculosis:—

BEEF—

Carcases and all Offal	31	(12)	Sets of Lungs	...	360	(205)
Forequarters	...	...	13	(12)	Livers	...
Short Forequarters	...	22	(8)	Part Livers	...	967
Hindquarters	...	...	17	(14)	Legs	...
Part Hindquarters	...	22	(7)	Part Legs	...	1
Heads	...	...	427	(240)	Tongues	...
Kidneys	...	...	41	(9)	Hearts	...
Diaphragms	...	...	55	(15)	Mesenteries	...
Spleens	...	...	65	(9)	Tails	...
Tripe	...	...	1		Trimnings	...

PORK—

Carcases and all Offal	112	(3)	Tongues	...	...	4	(3)
Forequarters	...	...	4	Hearts	...	...	752
Part Forequarters	...	19	Sets of Lungs	...	1024	(60)	
Hindquarters	...	10	Livers	...	...	660	
Part Hindquarters	...	13	Part Livers	...	...	82	
Shoulders	...	5	(3)	Kidneys	...	62	(3)
Part Shoulders	...	1	Plucks	...	...	1160	(12)
Legs	...	...	96	Diaphragms	...	1	
Part Legs	...	10	Spleen	...	...	1	
Hocks	...	221	Mesenteries	...	...	91	(84)
Heads	...	684	(632)	Trimnings	...	lbs. 223	

MUTTON—

Carcases and all Offal	4	Livers	...	...	110
Hearts	1	Plucks	...	...	3
Sets of Lungs	1				

VEAL—

Carcases and all Offal	6	Sets of Lungs	...	...	2
Legs	3	Kidneys	...	...	1
Heads	1	(1)	Livers	...	2
Tongues	1	Plucks	...	...	2
Hearts	1				

OTHER FOODS CONDEMNED—

Meat	...	...	tins	385	Cheese	...	...	lbs.	881½
Milk	...	...	tins	73	Jam	...	...	jars	6
Fruit	...	...	tins	130	Sauce	...	...	botts.	1
Vegetables	...	...	tins	38	Bacon	...	...	lbs.	418
Fish	...	...	tins	1	Rice	...	...	lb.	1
Soup	...	...	tins	2	Pie Filling	...	...	lb.	1
Cereals	...	...	Pkts.	5	Dried Fruit	...	...	lbs.	59

The present legal position as to ownership of condemned meat provides possible channels for abuse unless there is complete supervision until ultimate disposal. In my opinion there is a direct need for the setting up of installations where condemned foods can be sent for processing under supervision. Such installations would also ensure that full and suitable use is made of condemned food, consistent with protection of public health.

FOOD AND DRUGS ACT

The number of inspections of food premises during the year was 134.

Proceedings before the Magistrates were taken in respect of one butcher's premises for having sold meat unfit for human consumption, using a room for preparation of food which did not comply with the requirements of the Act, for making sausages on unregistered premises and having possession of sausage rusk unfit for human consumption, resulting in fines of £50 and subsequent improvement of the premises.

HOUSING

During the year 419 houses were completed in the district, 353 being built by private enterprise and 66 by the Council. At the end of the year 299 were under construction by private enterprise and 35 by the Council.

Progress was made in dealing with unfit houses, and Demolition Orders were made in respect of 27 houses and Closing Orders in respect of 2. In addition undertakings not to relet 12 houses were accepted and in respect of 12 others undertaking to repair were also accepted.

Sixty applications for Improvement Grants were received during the year and grants of a total of £7,562 in respect of 34 were made. Seven others were approved in principle subject to submission of complete particulars and four others were under consideration at the end of the year. Grants were refused in respect of twelve houses which did not comply with the required standard and applications in respect of three others were withdrawn. Works of improvement were completed at thirty-one houses during the year.

Licences were issued for twenty-four caravans during the year and in each case the period was for one year. The caravans are widely spread over the district and the circumstances do not warrant the Council providing a permanent camping site.

WATER SUPPLY

The progress made in respect of new, and extensions to existing, supplies is recorded in the report of the Medical Officer of Health.

During the year 408 samples of water were taken for examination. Samples are taken regularly at Foulsham, Lenwade, Weston Longville, Blickling and Felthorpe where the Council operates small public supplies and also at the Council Housing Estates where there is a piped supply and the quality of the water was found to be generally highly satisfactory. There was no shortage of water found or reported during the year.

SEWERAGE

By the end of the year 728 properties at Aylsham were, or were in the process of being, connected to the sewers. Only 34 houses that could be connected remained unconnected, but some of these are due to be dealt with under Slum Clearance. The response of owners in making connections has been extremely good and was considerably encouraged by the offer of grants towards cost of connection. Two small extensions to the sewers to facilitate connections were authorised by the Council.

The progress made in the provision of sewers at Sprowston and Reepham is set out in the report of the Medical Officer of Health.

SCAVENGING

The following are particulars of the Scavenging service which covers the whole district and continued to operate successfully. The number of vehicles used is 15 and the number of men employed is 31.

House Refuse Removal

In 31 parishes house refuse is removed weekly and fortnightly in the remaining 17.

Night Soil Collection

Night soil is removed weekly in all parishes but in Great Witchingham and Reepham collection is twice weekly from houses where there are larger families.

Cesspool Emptying Service

The four cesspool emptiers removed 8507 loads from cesspools.

Salvage

The quantity of salvage sold was 71 tons and produced an income of £434 16s. 1d.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

During the year 1955 the Rat-catcher inspected 3830 premises in addition to those carried out by the staff of the department. Altogether 753 premises were treated compared with 132 in respect of which complaints were made. No case of serious infestation was found and there was no need for the exercise of statutory powers.

BUILDING BYELAWS

During the year 1,054 plans of proposed buildings were submitted under the Building Byelaws.

BAKEHOUSES

It was not necessary to serve any notices in connection with the 21 Bakehouses in the district.

SUMMARY OF NUISANCES ABATED AND OTHER WORK CARRIED OUT DURING THE YEAR

The following is the work carried out in abating nuisances and remedying housing defects as a result of Informal and Statutory action taken during the year:—

HOUSING—

Sanitary Accommodation provided	...	...	...	...	...	1
New water closets provided	...	...	...	...	...	1
Sinks repaired	...	...	...	...	...	1
Piped water supplies provided	...	...	...	...	...	39
Well covers repaired	...	...	...	...	...	1
Ashbins provided	...	...	...	...	...	3
Closet buildings repaired	...	...	...	...	...	4
New pails provided to pail closets	...	...	...	...	...	1
Rainwater gutters provided	...	...	...	...	...	2
Rainwater gutters repaired	...	...	...	...	...	8
Roofs repaired	...	...	...	...	...	13
Window frames repaired	...	...	...	...	...	3
Floors repaired	...	...	...	...	...	4
Doors and door frames repaired	...	...	...	...	...	1
Ceilings repaired	...	...	...	...	...	12
Walls repaired	...	...	...	...	...	5
Wallplaster repaired	...	...	...	...	...	8
Chimney stacks repaired	...	...	...	...	...	10
Stoves repaired	...	...	...	...	...	2
Dampness remedied	...	...	...	...	...	1
Staircases repaired	...	...	...	...	...	4
W.C.'s repaired	...	...	...	...	...	1

DRAINAGE—

Drains repaired	...	...	...	...	...	2
Inspection chamber covers provided	...	...	...	...	...	1
Cesspools repaired	...	...	...	...	...	4
Cesspools emptied	...	...	...	...	...	1

In conclusion, I should again like to thank the Chairman and Members of the Public Health Committee, and the Medical Officer of Health for their support, and to express my appreciation to each member of the staff for their efficient co-operation.

I have the honour to be,

Your obedient Servant,

(Signed) H. S. HAWKINS, A.M.I.S.E.

